

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/030111**

FILING DATE

APPL/CANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		2		1		
16		2		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23	1		1			
24		1		1		
25		2		1		
26		1	Canceled			
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	22	↓		↓
TOTAL CLAIMS			25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS